



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

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## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Toguchi,	Charles,	Teruo	Ph: 239-1271 Fax: 239-1271
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
47-640 Hui Ulili St.	Kaneohe	HI	96744
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Health Systems Corporation	733-4020
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
3675 Kilauea Avenue	Honolulu, HI 96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Kelley Roberson	733-4171
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
3675 Kilauea Avenue	Honolulu, HI 96816

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce            | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health               | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |   |

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Charles I. Toguchi

(Signature of Lobbyist)

1-21-03

(Date)

### PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kelley C. Roberson	Chief operating officer / Chief Financial officer
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Health Systems Corporation	733-4171
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
3675 Kilauea Avenue	Honolulu HI 96816
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
Kelley C. Roberson	JAN 24, 2003
(Signature of Authorizing Officer or Person Represented)	(Date)